

STATE OF ALASKA SUBSCRIBERS' FORM NOMINATING PETITION CANDIDATE FOR GOVERNOR

NAME: _____ OFFICE: **GOVERNOR** POLITICAL GROUP: _____
(Candidate Name) (If no group, write "none")

We the undersigned, pursuant to AS 15.25.180, declare that: we are qualified voters of State of Alaska and we request that the candidate's name be placed on the November _____ 20 ____ General election ballot.

	*PRINTED NAME <i>(Print Clearly)</i>	*SIGNATURE	*ALASKA RESIDENCE ADDRESS <i>(i.e. house no. & street name, mile post & road name and AK City)</i>	*Last 4 SSN, Voter#, DOB, AK Driver's License# or AK State ID #	*DATE SIGNED
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NOTE: Please attach all Subscribers' pages to the "Nominating Petition" form.

Signers' names will be verified as qualified voters by the Division of Elections. *Voters should complete all columns for verification purposes.